Martinsville Parks & Recreation

746-B Indian Trail Martinsville, VA 24112

Office Phone - 276-403-5140

Information/Cancellation Line - 276-403-5256

-Youth Sports Registration Form-

Notice ~ Please Parents Read Both Sides Registration Form There Are Some Changes

We will no longer honor any "special requests". Players cannot move to another team after the team drafts. Players must play in their own age division; they cannot "play up" in the next league. Parents/guardians are responsible for providing their own transportation for their child. The only transportation requests that will be honored are players that live in the same household and are playing in the same league, and this must be made as a request in writing and attach it to this forms. Those registering late will be subject to an addition processing late fee. First time players must submit a copy of their birth certificate with their form. If a parent would like to coach or assist with coaching, notify our office prior to the team drafts, so your child will be on your team. The City of Martinsville does not provide insurance coverage for participants. Parents should have adequate insurance to cover their child in case of injury. Please allow two weeks after the registration deadline, call our office if you have not been contacted by a coach. Any sports equipment issued to your child is a loan, it is your responsibility to return the equipment to our office within 10 (ten) business days after the playing season is over or you will receive a bill for the value of the equipment. Please complete entire form legibly. Thank You!

ME			GRADE		
NATE OF BIRTH					
CHOOL			MALE	FEMALE	
HOME MAILING ADDRESS:					
PHYSICAL or E-911 ADDRESS:					
IAME OF PARENT(S) OR GUARDIAN					
IOME PHONE #PARENT WORK	#		CELL PHONE#_		
IAME OF SPORT			NUMBER OF YEARS P	ARTICIPATED	
RE YOUR PARENTS INTERESTED IN COACHING A TEAM?			RE(CEIPT #	
HIRT SIZE YOUTH (S) (M) (L)	ADULT (S)	(M)	(L) (XL)	(Office use only)	
EE PAID (Office use only) (ABSOLUTELY NO REFUNDS)				P FORM. NO PLAYER WILL E ACCOMPANIES THIS FORM!	
f your child does not have health care coverage, contact rom the Commonwealth of VA	Ann Walker (276)	732-0509	for info about th	e FAMIS program- free or low cost covera	
MAIVER: In order to participate in said program as parent or guantereby agree to indemnify and hold harmless the City of Martinsville D	Department of Parks a	nd Recreation	on, its successors, assig	, , , , , ,	

and protective equipment during said program and that it is the responsibility of the parent or guardian to make sure this, criteria is met. I grant my permission to transport said participant to and from said event when required and hold harmless those assigned to transport. I also agree to allow transportation of said participant to the nearest physician or hospital for medical treatment, and agree to allow for immediate first aid to the injured said participant when deemed necessary. I grant my permission for my child to be photographed for promotional purposes by Martinsville Parks and Recreation.

I HAVE READ AND FULLY UNDERSTAND ALL OF THE INFORMATION INCLUDED IN THE ABOVE NOTICE AND WAIVER.

PARENT/GUARDIAN SIGNATURE	DATE
---------------------------	------